NOTIFICATION OF SEPARATION FROM SERVICE (rev. 8/2003) Date Sent: To: Essex Regional Retirement Board 491 Maple Street, Bldg. 200, Suite 202 Danvers, MA 01923-4025 Phone: (978) 739-9151 Fax: (978) 750-0745 Please complete both sides of this form and return it to the Essex Regional Retirement Board. In accordance with the rules and regulations of the Essex Regional Retirement Board, pursuant to General Laws, Chapter 32, Section 20(5)(b), as amended, I hereby notify your Board of the permanent separation from service of the following person as an employee of the: Town/District: TOWN OF HAMILTON Member's Name: **Social Security Number:** Members Address: (City/Town) (Street & Number) (State) (Zip) Title of Position: Member worked hours per week. Full time for that position is _____ hours per week. First Day of Work: Last Day of Member's last retirement deduction appears on the _____ Monthly Deduction Report. Week End-Date Regular Compensation Last Received: Week End-Date of Last Payroll Period with Retirement Deduction: Amount of Salary/Wage \$____per hour \$____ per week \$___per month Separation was (Circle One) voluntary involuntary Litigation Pending (Circle One) yes no Cause of Separation From Service (Check One) To Enter Military Service Resignation (State reason below.) Involuntary Layoff (Other than discharge for cause. State reason below.) Retirement Discharge - For Cause (State reason below.) **Employee Death** Fails of Reappointment Position Abolished Transfer of Membership to _______Retirement System Other-(State reason below.) REMARKS: Signed under the pains and penalties of perjury, this the ____day of ______, 200___

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Essex Regional Retirement Board Breakdown of Final Check

The following information is to be completed and returned with the Notification of Separation from Service form:

		0410-06	(676) X8-1 LQ L6-65.L (876) 19	non9	
Name:					
1.	Date last paycheck rec	eived:	Amount:		
2. We J	Pay period covered.	egional Retiremen:mor	and regulations cothe Essex R nded, I hereby notify your Boar	ordance with the rules	วอธ ก
3.	Actual last day worked	d of the permanent sep	nded, I hereby notify your Boar 3:	ection 20(5)(b), as amer n as an employee of the	
			TOWN OF HAMILTON	n/District:	
		Days or Hours	Rate of Pay	Der's NamlatoT	melV
4.	Regular Salary:			al Security Number:	Socia
5.	Vacation Time:			bers A ddress.	
6.	Personal Time:	(City/Town)	(Street & Number)		111-010
7.	Holiday Time:			of Position:	
8.	Longevity Pay:	position is hour	s per week. Full time for that p	per workedhour	
9.	Education Inconting:	Last Day of Work:			
	nthly Deduction Report.	oM	fuction appears on the	ber's last retirement dec	
Pay No	ot Subject to Retiremer	<u>nt</u>	npensation Last Received.		
10.	Sick Time Buy Back:				
11.	Comp. Time Buy Back:	luction:	oll Period with Retirement Ded	End-Date of Last Payr	
12.	Other:	per week \$p	per hour \$	unt of Salary/Wage \$	
		tigation Pending (Circ	voluntary involuntary Li	ration was (Circle One	
(Signatur		(Title)		(Date) se of Separation From	
	□ To Enter M			Resignation Care	
			ise (State reason below.)		
	□ Other-(Stat	etirement System		Transfer of Members	
				ARKS.	REM
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